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Mail Stop: Patent Application Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

PATENT Attorney Docket No.: 04265352

CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" mailing label No. EL 989704555 US Date of Deposit: March 11, 2004

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CFR § 1.10 on the date indicated above and is addressed to:

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P.O. Box 1450

Alexandria, VA 22313-1450

Rebecca Castro

Signature of Person Mailing Papers

Transmitted herewith for filing in the U.S. Patent and Trademark Office is the patent application of inventor Marcus Braun, of Stuttgart-Vaihingen, Germany, entitled Surgical Instrument. This application claims priority from German Application No. 103 14 828.0, dated April 1, 2003.

Enclosed are:

- 1. [X]19 text pages of specification, including 14 claims, and an Abstract.
- Drawings 5 sheets, including Figures 1, 2, 3, 4, 5, and 6a-c. 2. [X]
- An unexecuted Declaration and Power of Attorney. 3. [X]
- The filing fee is calculated on the basis of the claims existing in the application at 1 4. [X] above.

| 1 110 | | Claims as File Claims Canceled | | nt | | | |
|---|-----------|-----------------------------------|--------------|--------|----|------------------------------|-----------|
| | (Col. 1) | (Col. 2) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
| FOR: | NO. FILED | NO. EXTRA | RATE | FEE | | RATE | FEE |
| BASIC FEE | XXXXXXX | XXXXXXX | XXXX | .\$385 | or | XXXX | \$ 770.00 |
| TOTAL CLAIMS | 14 - 20 = | 0 | x9= | \$ 0 | or | x18= | \$ - |
| INDEP CLAIMS | 1 - 3= | 0 | x43= | \$ 0 | or | x86= | \$ - |
| [] MULTIPLE DEPENDENT CLAIM PRESENTED | | | +145= | \$ 0 | or | +290= | \$ - |
| If the difference in Col. 1 is less than zero, enter "0" in Col. 2. | | | TOTAL | \$ 0 | | TOTAL | \$ 770.00 |

- 5. A check in the amount of \$770.00 to cover the filing fee for this application. If there are [X]any additional fees due in connection with the filing of this application, please charge the additional fees to our Deposit Account No. 13-0019.
- A Return Postcard for the PTO to acknowledge receipt of this filing. 6. [X]

- 7. [X] The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to deposit Account No. 13-0019. A duplicate copy of this sheet is attached.
 - [X] Any patent application processing fees under 37 CFR §§1.16 or 1.17.
 - [] The issue fee set in 37 CFR §1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR § 1.311(b).

Please address all telephone calls to <u>David M. Thimmig</u> at telephone number (312) 701-8593 and address all correspondence to:

David M. Thimmig MAYER, BROWN, ROWE & MAW LLP P.O. Box 2828 Chicago, Illinois 60690-2828

Respectfully submitted,

APRIL I,
Dated: March 31, 2004

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David M. Thimmig, Reg. No. 36,034

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